

ENHANCED RECOVERY AFTER SURGERY (ERAS) PROMOTES RECOVERY IN SLEEVE GASTRECTOMY; RANDOMISED-CONTROLLED TRIAL

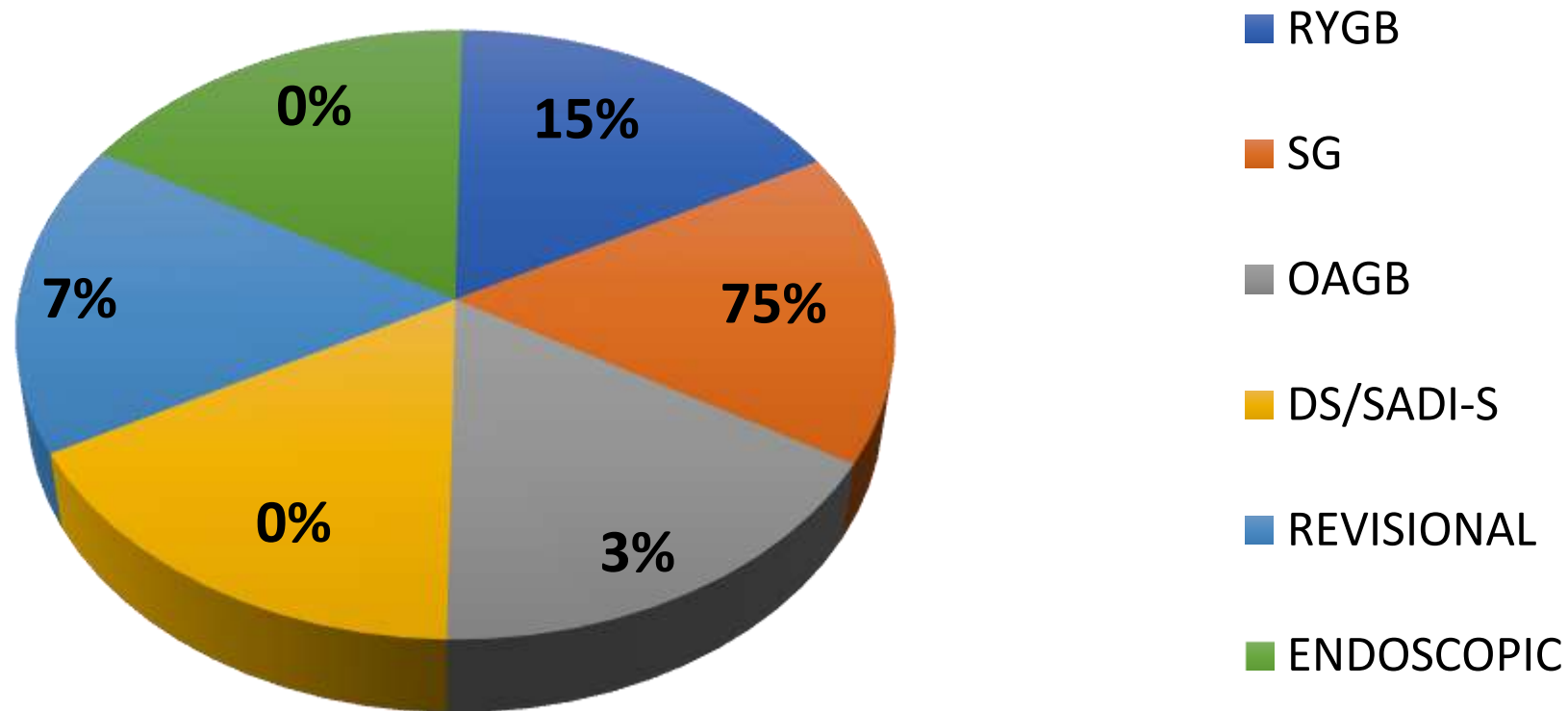
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I have no potential conflict of interest to report





The number of procedures I have performed throughout my whole career is 370

INTRODUCTION

- Sleeve gastrectomy is the most common method applied for obesity treatment.
- The ERAS protocol aims to reduce the patient's surgical stress response, optimize their physiologic function, and facilitate recovery.
- This study aimed to determine the efficacy and safety of the ERAS protocol in patients underwent sleeve gastrectomy.



METHODS

- A single-center randomised-controlled study
- Patients who underwent sleeve gastrectomy between January 2020 and March 2021
- Patients were randomized into those who underwent the ERAS protocol and those who didn't.
- The senior surgeon was blinded for the preoperative and postoperative period, whereas the other wasn't.

METHODS

All ERAS components were applied to patients in ERAS group, except giving oral liquid until 2 hours before surgery could not be applied.

8 mg of dexamethasone i.v. was administered to the patients in ERAS group perioperatively, and anesthesia protocol was performed with an opioid-free protocol, and opioids were not used as analgesics after surgery, either.

METHODS

VAS and PONV scales were used for evaluation of pain and nausea-vomitting.

Complications occurring in first 30 days after the surgery were recorded for all patients.

The admissions of patients to the emergency department in both groups were recorded for the first 30 days after discharge.

Primary outcome of this study was first 30-days emergency department readmission.

Secondary outcomes were duration of hospital stay, postoperative pain and PONV status.



METHODS

- Both group patients were discharged from the hospital according to discharge criterias.

- **Discharge Criterias**

Ability to tolerate oral liquid foods

Trouble-free surgery

Having consumed at least 1 lt of water

The patient can be comfortably mobilized

Pulse < 90 beats/min, fever < 38°C and respiratory rate < 20 respiration/min

No complications after surgery

No infection at the incision site

METHODS

- The groups were compared in terms of
length of hospital stay,
duration of surgery,
VAS scores,
PONV effect scores
and emergency service readmissions within the first 30 days after surgery.

RESULTS

- A total of 96 patients were included in this study.
Of these, 49 (51%) were in the ERAS protocol group
and 47 (49%) were in the traditional treatment group

RESULTS

	ERAS GROUP	TRADITIONAL GRUP	P
AGE	37.47±10.11	35.77±9.62	0,401
MEAN WEIGHT (KG)	123.65±16.58	121.11±3.75	0,684
MEAN HEIGHT (CM)	164.12±10.07	161.55±9.31	0,237
MEAN BODY MASS INDEKS (BMI) KG/M ²	45.51±3.75	45.83±5.88	0,494

- Anthropometric parameters were homogeneously distriputed between the groups

RESULTS

- The ERAS group patients were hospitalized for a mean of 30.46 ± 11.26 hours, The traditional group was hospitalized for a mean of 52.02 ± 6.63 hours (**p=0.001**)
- There was no significant difference in the first 30 days of emergency service readmission in both groups (**p=0.498**)
- Both VAS scores and PONV effect scores at the 2nd and 12th hours of the ERAS group patients were lower (**p=0.001, 0.002, 0.001, 0.001, respectively**)

CONCLUSION

- ERAS protocol;
 - shortened the duration of hospital stay.
 - decreased the postoperative nausea, vomiting and pain scores.
 - showed similar postoperative emergency department readmissions compared to traditional method.

CONCLUSION

- ERAS PROTOCOL CAN BE USED SAFELY AND EFFECTIVELY IN PATIENTS UNDERGOING SLEEVE GASTRECTOMY.